## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/535232

| CLAIMS AS FILED - PART I  |  |                                 |   |                                    |                |   |         |                     |                        |                  |                         |                        |
|---|--|---------------------------------|---|------------------------------------|----------------|---|---------|---------------------|------------------------|------------------|-------------------------|------------------------|
| L   |  |                                 | (Column 1)  |                                    | (Column 2)     |   |         | SMALL ENTITY TYPE   |                        | OR               | OTHER THAN SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES  |  |                                 |   |                                    |                |   | 7       | RATE                | FEE                    | 7                | RATE                    | FEE                    |
| BASIC FEE   |  |                                 | SMALL ENT. = \$ 150   |                                    | LAR            | GE ENT. = \$ 300  | 1       | BASIC FEE           | <del> </del>           |                  | BASIC FEE               |                        |
| <b>EXAMINATION FEE</b>  |  |                                 | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100               |                                    | Allo           | other situations =<br>\$ 100 / \$ 200                       | 1       | EXAM. FEE           | <del> </del>           | ┨"``             | EXAM. FEE               | 300                    |
| SEARCH FEE  |  |                                 | All other situations (ie. No<br>Search Rpt.)<br>= \$ 250 / \$ 500 |                                    | U.S. Is<br>ALL | ISA = \$50 / \$ 100<br>other countries =<br>\$ 200 / \$ 400 |         | SEARCH FEE          | <b> </b>               | 1                | SEARCH FEE              | 200                    |
| FEE FOR EXTRA SPEC. PGS.  |  |                                 | minus 100 =   |                                    |                | / 50 =  |         | X \$ 125 =          | <del> </del>           | 1                | X \$ 250 =              | 1900                   |
| TOTAL CHARGEABLE CLAIMS   |  |                                 | 45minus 20 = ,  |                                    | * (            | 35  |         | X \$ 25 =           |                        | OR               | X \$ 50 =               | <del> </del>           |
| INDEPENDENT CLAIMS  |  |                                 | / minus 3 = ,   |                                    | *              |   |         | X \$ 100 =          |                        | OR               | J                       | <del> </del>           |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                  | SENT  | <u>I</u>                           |                |   |         | +\$ 180 =           |                        | OR               | X \$ 200 =              | · · ·                  |
| * If the difference in column 1 is less than zero, enter "0" in co  |  |                                 |   |                                    |                | olumn 2   | ! !     | TOTAL               |                        | OR               | + \$ 360 =              | 900                    |
| · · · · · · · · · · · · · · · · · · ·   |  |                                 |   |                                    |                |   |         |                     |                        | ] ""             | TOTAL                   | 700                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |  |                                 |   |                                    |                | _   | SMALL E | NTITY               | OR                     | OTHER<br>SMALL E |                         |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I  | BER<br>USLY    | PRESENT<br>EXTRA  |         | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                               | Minus   | **                                 |                | =   | ſ       | X \$ 25 =           |                        | OR               | X \$ 50 =               | ,,,,,,                 |
|   | Independent                                    | * ′                             | Minus   | ***                                |                | =   | Ī       | X \$ 100 =          |                        | ОR               | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |   |                                    |                |   | ſ       | + \$ 180 =          |                        | OR               | + \$ 360 =              |                        |
|   |  | •                               |   |                                    |                |   | ٠,      | TOTAL ADDIT.<br>FFF |                        | OR L             | TOTAL ADDIT.            |                        |
|   |  | (Column 1)                      |   | (Colum                             |                | (Column 3)  | _       | _                   |                        |                  | FFF                     |                        |
| 2   |  | REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY     | PRESENT<br>EXTRA  |         | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                               | Minus   | **                                 |                | a   |         | X \$ 25 =           |                        | OR               | X \$ 50 =               |                        |
|   | Independent                                    | <u> </u>                        | Willius   | ***                                |                | =   |         | X \$ 100 =          |                        | OR               | X \$ 200 =              |                        |
|   | FIRST PRES                                     | ENTATION OF MU                  | JLTIPLE DEPEI   | NDENT C                            | LAIM           |   |         | + \$ 180 =          |                        | OR               | + \$ 360 =              |                        |
|   |  |                                 |   |                                    |                |   | 1       | OTAL ADDIT:<br>FFF  |                        | OR               | FEF                     |                        |
|   | •  |                                 |   |                                    |                |   |         |                     |                        |                  | _                       |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '2', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                 |   |                                    |                |   |         |                     |                        |                  |                         |                        |